CHECKLIST

REQUIRED DOCUMENTS FOR EVALUATION AND REIMBURSEMENT. For each eligible Prime Travel or medical appointment, the following documents must be submitted via mail, fax, or secured e-Mail.

1. Prime Travel Benefit Reimbursement Request Form	
2. Electronic Fund Transfer (EFT) Authorization Form: Following the initial authorized trip, it is not necessary to resubmit another EFT form for subsequent trips unless there is a change to the preferred, reimbursement bank account. **Active Duty and Government Employees must ensure that their EFT information is current in DTS as we cannot make changes to their profile.	
3. The patient must have a referral from the patient's PCM to a specialty care provider (SCP) for medically necessary, NON-EMERGENCY specialty care. The referral must be authorized by UnitedHealthcare and can be reached at 1-877-988-WEST (1-877-988-9378) or www.uhcmilitarywest.com . However, if the appointment is at an MTF, a referral authorization from UnitedHealthcare will not be required. Instead, a copy of the PCM's referral letter and the patient's Composite Health Care System (CHCS) Appointment Schedule will satisfy the requirement for verification of the PCM referral and appointment completion.	
4. Non-Medical Attendant (NMA) Letter: If applicable , a letter from the patient's PCM recommending that an NMA is appropriate and medically necessary to travel with an adult patient, 18 years of age or older. Without this recommendation, the NMA will not be eligible for travel expense reimbursement. Federal regulations authorize only one NMA. The NMA must be a parent, guardian, or an adult member of the patient's family who is at least 21 years of age. This requirement is waived when the patient is a minor, less than 18 years of age.	
5. Confirmation of Specialty Care: For verification and audit purposes, please complete the attached Confirmation of Specialty Care Form and have it verified/signed by the specialty care provider's office, when attending appointments.	
6. Travel Vouchers: DD Forms 1351-2 (instructions/form sample attached to packet) and 1351-3 for reimbursement of expenses claimed by the patient and/or civilian NMA .	
7. Original or legible receipts are required to support any expenses for which reimbursement is claimed on the Travel Voucher form(s).	

Active Duty Service Member (ADSM) or Government-Employed (GE) NMA-Supplemental Forms

	1. Active Duty Service Member (ADSM) or Govern	nment-Employed NMA
	Memorandum: Must be completed by command or authorize TDY travel reimbursement for the NMA.	appropriate agency official to
	2. Travel Voucher: DD Forms 1351-2. ADSM/GE I per diem allowances with the supporting receipts	NMAs are eligible for mileage and
may	(Print Name) result in reimbursement being delayed/not processed. A are included in the packet being submitted for reimburs	All documents have been completed
Signa	nature	Date
Nam	ne of Patient:	_
	ail Address:	_
Date	e(s) of Travel:	